RI GCD Form D 7. Agency Mediation Report

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<i>C</i> N	,	if agency	is unable to resolve th	1	uint.	
Case Nu	mber			Date		
Complainant			Filed or	1		
Respond	ent (Agency)				
Dates of	meetings wi	th complain	ant			
Identify the parties who						
participated in those meetings:						
Description of the unresolved issues:						
		appoint mediators		If dismissal is requested,		
Commission:			\square dismiss complaint		state reasons below:	
Agency ADA Coordinator's signature Date						
To be completed by the Governor's Commission on Disabilities						
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